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12-20-01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages **23**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets]
5. Oath or Declaration **(Unsigned)** [Total Pages **3**]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. See 37 CFR 1.76

Attorney Docket No.	ACO2844 US
First Inventor	Ann K.B. Kjellqvist Linden et al
Title	Process for coating a substrate...
Express Mail Label No.	EM122093214US

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS		
9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/>	English Translation Document <i>(if applicable)</i>	
12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/>	Preliminary Amendment	
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/>	Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/>	Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____ / _____

Prior application information: Examiner: Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below
Name	Joan M. McGillycuddy		
Address	AKZO NOBEL INC.		
	7 Livingstone Avenue		
City	Dobbs Ferry	State	New York
Country	U.S.	Telephone	914-674-5463.
Fax	914-693-4236		

Name (Print/Type)	Joan M. McGillycuddy	Registration No. (Attorney/Agent)	35,608
Signature	<i>Joan M. McGillycuddy</i>		Date 12/17/2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 740.00)

Complete if Known

Application Number	CONCURRENTLY
Filing Date	Ann K.B. Kjellqvist Lindell et al.
First Named Inventor	
Examiner Name	
Group Art Unit	
Attorney Docket No.	ACO 2844 US

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **01-1350**
Deposit Account Name **AKZO NOBEL INC.**

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	
101	740	201	370 Utility filing fee	740.00
106	330	206	165 Design filing fee	
107	510	207	255 Plant filing fee	
108	740	208	370 Reissue filing fee	
114	160	214	80 Provisional filing fee	

SUBTOTAL (1) (\$ 740.00)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
8	2	-20** = 0	x 0.00 =	
		-3** = 0	x 0.00 =	
Multiple Dependent				0.00 =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
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103	18	203	9 Claims in excess of 20	
102	84	202	42 Independent claims in excess of 3	
104	280	204	140 Multiple dependent claim, if not paid	
109	84	209	42 ** Reissue independent claims over original patent	
110	18	210	9 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 740.00)

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,280	241 640 Petition to revive - unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	740	246 370 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Joan M. McGillycuddy	Registration No. (Attorney/Agent)	35,608	Telephone 914-674-5463
Signature	<i>Joan M. McGillycuddy</i>		Date	12/17/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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